Substance Abuse and Mental Health Services Administration

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Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover

Substance Abuse and Mental Health Services Administration

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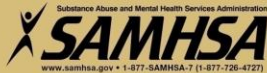
PBHCI Nuts & Bolts

SAMHSA PBHCI National Grantee Meeting
June 4- 7, 2017 • Austin, TX

Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), the Health Resources and Services Administration (HRSA), or the U.S. Department of Health and Human Services (HHS).

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Agenda

- **Grant Management**
- **Grant Reporting & Requirements**
- **Frequently Asked Data Questions**

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What is Grants Management's Role?
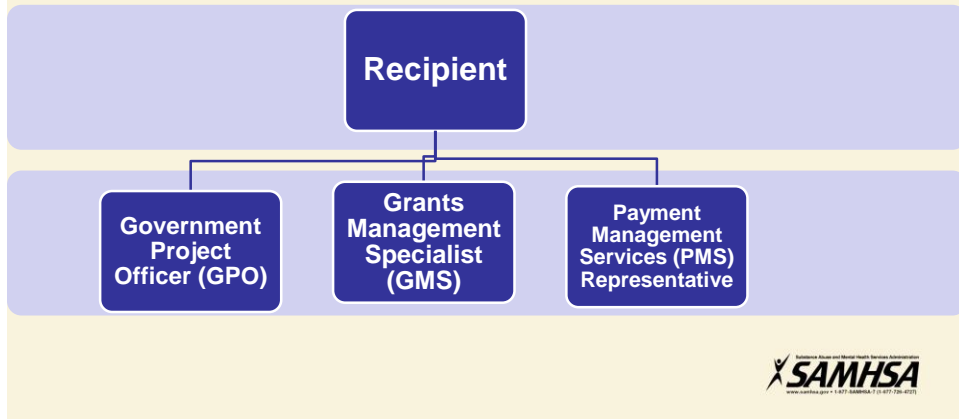
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TOPICS

- ➤ Partners
- ➤ Roles (GPO, DGM, PMS)
- ➤ Actions Requiring Prior Approval
- ➤ Process for Requesting Prior Approval
- ➤ Reporting Requirements
- ➤ Annual Budget Constraints
- ➤ How to Apply For The Next 12 Months
- ➤ SAMHSA Grants Management Website

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Partners

```
                    Recipient
        ┌──────────────┼──────────────┐
  Government      Grants        Payment
  Project       Management     Management
  Officer (GPO) Specialist     Services (PMS)
                (GMS)          Representative
```

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Government Project Officer's Role

Government Project Officer (GPO):

The GPO is responsible for the programmatic, and technical aspects of the grants. The GPO works in partnership with the Grants Management Specialist (GMS) throughout the duration of the grant cycle.

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Division of Grants Management/GMS Role

➢ **Partners with SAMHSA Government Project Officers**

➢ **Responsible for business and financial management matters:**

  ❖ **Award Negotiations**
  ❖ **Official Signatory for Obligation of Federal Funds**
  ❖ **Official Signatory for Prior Approvals**
  ❖ **Monitor fiscal/compliance issues**
  ❖ **Close-out of the grant**   SAMHSA

Payment Management Services' Role

Drawdown of Funds are made through another Federal office:

Payment Management Services(PMS)

  Website Address: www.dpm.psc.gov

  Please visit the "Contact Us" section on the above website to search for recipient's account representative based on organizational entity status.

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Actions Requiring Prior Approval

- Key Staff changes: Any replacement or substantial reduction in effort of the Program Director (PD) or other key staff; positions designated as key staff are defined in the Notice of Award (NoA).

- Re-budgeting of funds: Cumulative amount of transfers among direct/indirect cost categories exceeding 25% of the total award amount or $250,000, whichever is less.

- Transfer of Substantive Programmatic Work to a Contractor

- Carryover of Un-obligated Funds above 10% of the total federal share of the current budget period.

- Change in Scope: i.e. reduction in services originally proposed, reduction in number of clients, etc.

- No Cost Extension: To permit an orderly phase-out of a project or program.

http://www.samhsa.gov/grants/grants-management/post-award-changes

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Process for Requesting Prior Approval

- **Request should be submitted via email by Recipient to GMS/GPO:**
  - Address to Grants Management Specialist (GMS) and Government Project Officer (GPO)
  - Reference Grant Number **(e.g. SM-12345)**
  - Provide Programmatic and Budget Justification
  - Signed by both **Program Director** and **Business Official**

- **Reviewed by Grants Management Specialist in consultation with Government Project Officer.**

- **Approval will be official with a revised Notice of Award.**

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Reporting Requirements

REPORTS	RESPONSIBILITY	SENT TO
Quarterly Programmatic Progress Reports	Recipient Organization	DGMProgressReports@samhsa.hhs.gov and copy your Government Project Officer (GPO)
Quarterly Federal Cash Transaction Report (FCTR) http://www.dpm.psc.gov/grant_recipient/ffr_(fctr)_due_dates.aspx	Recipient Organization	Payment Management Services (PMS) - submitted online through recipient's PMS account
Annual Federal Financial Report (SF-425 FFR)	Recipient Organization http://www.whitehouse.gov/sites/default/files/omb/assets/grants_forms/SF-425.pdf	Grants Management Specialist (GMS) – scanned signed copy may be emailed to GMS

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Annual Budget Constraints

Project Period: 9/30/2015 – 9/29/2019

- YEAR 19/30/2015 - 9/29/2016
- YEAR 29/30/2016 - 9/29/2017
- YEAR 39/30/2017 - 9/29/2018
- YEAR 49/30/2018 – 9/29/2019

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How to apply for the next 12 months

a) <u>Annually</u> funded recipients:

- Submission of a non-competing continuation application via Grants.gov is required. Detailed instructions will be posted on the SAMHSA Continuation Grants website and will also be electronically mailed to the designated Business Official.

http://www.samhsa.gov/grants/continuation-grants

b) <u>Multi-Year</u> funded recipients:

- Refer to Multi-Year Special Condition of Award for detailed guidance (<u>do not</u> submit via Grants.gov).

- A Federal Financial Report (SF-425) must be submitted <u>semi-annually</u> to the Division of Grants Management (DGM) which reflects the federal, program income and match expenditures, if applicable. *This applies only to Multi-Year funded recipients.*

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SAMHSA Grants Management Website

Everything you need to know about managing a grant can be found at the following link:

http://www.samhsa.gov/grants/grants-management

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GRANT NUMBER

➢ Please remember to include your <u>Grant Number</u> (i.e. SM012345-01) on all correspondence (emails, letters, etc.) submitted to SAMHSA.

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Contact Information – Signature Line

➢ *In all email communications with SAMHSA, include the following:*

- ➢ **Name**
- ➢ **Position title**
- ➢ **Organization name**
- ➢ **Contact information (phone number, address)**

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Questions & Answers ????

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Agenda

Individual Data Collection
Requirements
- Enrollment
- Reassessment
- Discharge

Population Health Management

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DATA COLLECTION REQUIREMENTS - ENROLLMENT

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Enrollment – Overview

You will collect interview and health information from each consumer who receives PBHCI services at enrollment (baseline) and reassessment (every 6 months).

The NOMs interview & interview guide is available on the SPARS website.

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Consumer Health Information (Section H)

Mechanical Indicators
- BMI
- Waist Circumference
- Blood Pressure
- Breath CO

Blood Work
- Fasting Glucose or HbA1c
- Triglycerides
- HDL Cholesterol
- LDL Cholesterol
- Total Cholesterol

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Enrollment – How to Succeed

Meet your enrollment goal (goal is 100%+. <70% is a potential SAMHSA administrative review).

Create a workflow for collecting enrollment information:
- *Identify who collects NOMs information & health indicators*
- *Protocol for scheduling NOMs interviews & health indicators*
- *Protocol for entering consumer-level data into TRAC*

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Enrollment – How to Succeed (continued)

Track your performance

- *Are we on track to meet our enrollment target for the year?*
- *Are we collecting complete information at baseline?*

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Enrollment – Details

- Everyone with an SMI diagnosis who is at risk for a chronic health condition is eligible for PBHCI
- The NOMs interview must be performed within 7 days of an individual receiving PBHCI services
- Anyone can perform a NOMs interview. No special credentials/training required
- NOMs interviews cannot be batch uploaded to SPARS
- Ask your GPO for approval to conduct NOMs interviews over the phone due to special circumstances
- The NOMs interview date is the official enrollment date

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Enrollment – Details (continued)

- Mechanical indicators (BMI, waist circumference, blood pressure, breath CO) must be collected within 30 days before/after the enrollment date
- Blood labs (cholesterol panel, HgbA1c or fasting blood glucose) must be collected within 60 days before/after the enrollment date
- Health indicators that are obtained from other providers are valid as long as they were performed within the proper collection window
- Grant funds can be used to pay for labs

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DATA COLLECTION REQUIREMENTS - REASSESSMENT

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Reassessment – Overview

To track health improvement (or lack thereof) over time, you will reassess (rescreen) all enrolled consumers every 6 months.

Reassessments include NOMs interview and health indicators.

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Data Collection Timeline

Month	Intake	3	6	9	12*	Discharge
MI-EHR	●	●	●	●	●	●
MI-TRAC	●		●		●	●
BW	●				●	●
NOMs	●		●		●	●

MI-EHR: Collect mechanical Indicators; store in electronic health record
MI-TRAC: Collect mechanical Indicators; **enter in TRAC**
BW: Collect blood work; store in electronic health record, **enter in TRAC**
NOMs: Conduct NOMs interview, **enter in TRAC**

*Continue same pattern until discharge

Reassessment – How to Succeed

Meet your reassessment goal (goal is 80%-100%. <62% is a potential SAMHSA administrative review).

Have a process for:
- *Identifying consumers who are due for reassessment*
- *Scheduling reassessment visits*
- *Entering reassessment data into SPARS*

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Reassessment – How to Succeed (continued)

Track your progress:
- *Are you reassessing everyone who is due for reassessment?*
- *Are you collecting all required health indicators at each reassessment?*

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Reassessment – Details

- Reassessments are due 180, 360, 540, 720… days after the enrollment date

- NOMs interview and mechanical indicators are due +/- 30 days from the reassessment due date

- Blood labs are due +/- 60 days from the reassessment due date

- The Services Notification Report in SPARS will tell you when upcoming reassessments are due

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DATA COLLECTION REQUIREMENTS - DISCHARGE

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Discharge – Overview

If an individual no longer receives PBHCI services (due to moving, no longer in need of services, death, other) they should be discharged from TRAC.

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Discharge – How to Succeed

Set criteria for discharge. Most orgs use 90 days without contact unless it is known that the individual will not return

Set a process for discharge
- *Scan your list of enrolled consumers for people who should be discharged*
- *Collect final NOMs and health indicators, if possible*
- *Create a process for entering discharge information into TRAC*

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Discharge – Details

- Discharge from PBHCI does not mean discharge from your organization

- If you discharge someone, they can resume PBHCI services in the future. Use the same consumer ID that you used the first time they were enrolled

South of Market Mental Health Primary Care Clinic
Process Dashboard, March 2014
As of March 12, 2014

Patients enrolled vs SAMHSA Goal[3]
Jan 2013- Mar 2014

282
total clients enrolled[1]
(met grant criteria & enrolled, 8/2012-present)

67
discharged[2]

215
total active clients
(currently enrolled in grant)
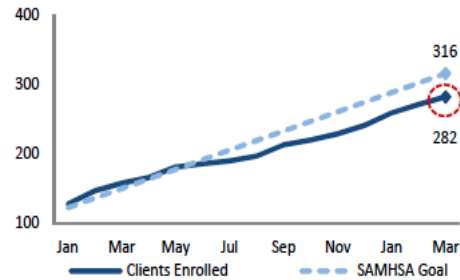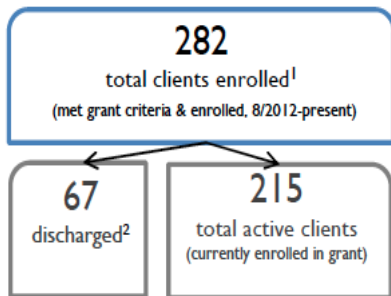
Completed vs. Cancelled Clinics
Jan 2014-Mar 2014

36 (84%)	7 (16%)
Completed Clinics	Cancelled Clinics

Clinic hours lost: 25
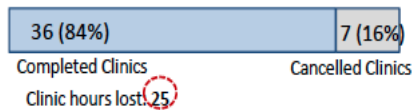
Referrals to primary care by BH providers[5]
Aug 2013-Mar 2014

Goal, 2
total

Aug   Sept   Oct   Nov   Dec   Jan   Feb   Mar

■ Completed   □ No-show (never completed)   □ Appt in future/Unknown

POPULATION HEALTH MANAGEMENT

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20

VITALS: Percent improving/maintaining outcomes among active SAMHSA consumers
double click cell counts for consumer detail

Row Labels	Values current caseload	consumers with 2+ BMI while in	Percent maintaining/impro ving BMI	consumers with 2+ systolic while in program	Percent maintaining/impro ving systolic	consumers with 2+ diastolic while in program	Percent maintaining/impro ving diastolic
Care Manager 1	22	14	57%	18	56%	18	44%
Care Manager 2	24	21	52%	21	48%	21	57%
Care Manager 3	32	18	44%	20	45%	20	40%
Care Manager 4	13	10	40%	10	70%	10	70%
Care Manager 5	5	4	25%	4	75%	4	75%
Care Manager 6	28	19	58%	19	42%	19	63%
Grand Total	124	86	50%	92	51%	92	54%

NOM Health Domains: Baseline to 6 Months

- Always POSITIVE
- IMPROVED (Negative -> Positive)
- WORSENED (Positive -> Negative)
- Always AT-RISK

Breath CO: 40%, 20%, 40%
Waist Circumference: 10%, 10%, 80%
BMI: 20%, 10%, 70%
Blood Pressure: 20%, 20%, 50%, 10%
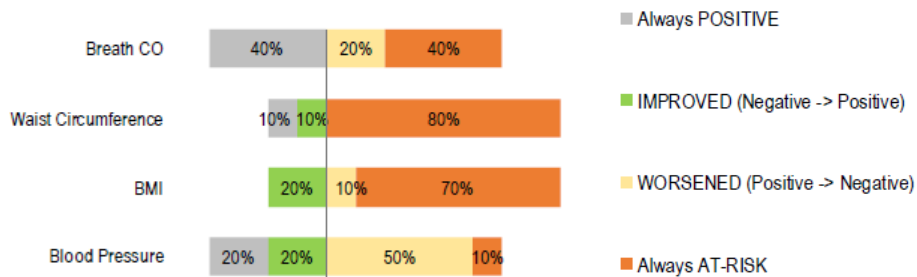
Healthcare Utilization Financial Data

Acute/Inpatient vs Outpatient Charges
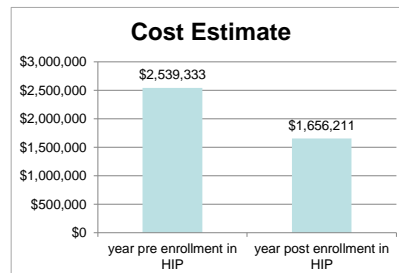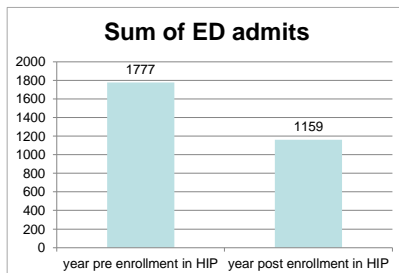
Federal Fiscal Year: Oct 1 – Sept 30

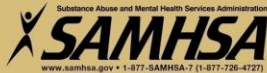C Esguerra, MD, MBA

Health Integration Project

Hospital Usage

- ED admits
  - 342 consumers
  - 618 less ED admits in year post HIP enrollment
  - Average of $1429 per admit
  - Estimated annual savings $883,122

Registry Options

SPSS & Access registry examples are available on the CIHS website.

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